



## **IRO REVIEWER REPORT – WC**

**DATE OF REVIEW:** 11/02/15, Amended 11/06/15

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Caudal Lumbar Epidural Steroid Injection L4-L5, L5-S1

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Orthopedic Surgery

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:**

- Caudal Lumbar Epidural Steroid Injection L4-L5, L5-S1 - Upheld

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured worker sustained injuries to his back in the incident in question. There were moderate compression fracture deformities at L1 and L2, though it's not clear they were acute from this injury. Further degenerative changes, including broad-based disc bulges were noted L3-4, L4-5 and L5-S1 with foraminal stenosis.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Although the treating provider alleges that the radiation of pain is into the legs, it is not a true radicular pattern. There are no objective findings of radiculopathy, including reflex

change, sensory loss or atrophy. The injured worker does not meet the criteria set forth in the ODG for epidural injections.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**